

Follow-Up Activities to CSHCN State/Territorial Oral Health Forums Final Report – April 2010

State / Territory: South Carolina

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Activities originally proposed and how they relate to action plan):

The Children with Special Health Care Needs (CSHCN) Workgroup of the SC Oral Health Advisory Council and Coalition will convene a series of meetings to develop an intervention and subsequent grant application for implementation of the intervention that addresses the following action step from South Carolina's action plan for children with special health care needs:

Primary Goal

Increase the competence of parents, caregivers and others to provide education, early detection, screening and prevention through oral hygiene care, regular dental visits, and a balanced diet for CSHCN.

Activity 1.CSHCN Workgroup Meetings

June –September 2008: Dr. Martin will facilitate three CSHCN Workgroup meetings specifically to review the *More Smiling Faces in Beautiful Places* training resource materials as a model to increase the competences of parents, caregivers and others to manage the oral health needs of CSHCN in partnership with a medical and dental home. See Outcome 1.

By September 2008: CSHCN Workgroup will present the issues and options to the SC Oral Health Coalition. Documentation: Minutes from the Quarterly Advisory Summit Meeting.

a. Activities accomplished:

Table 1: CSHCN Workgroup Meeting Dates and Activities

Date	Activity
October 31, 2008	Review oral health education videos
January 16, 2009	SOHP Chapter prioritization of objectives
February 18, 2009	Assess current distribution of the DHEC CSHCN Oral Health Booklet Review the More Smiling Faces training resource materials, as a model to increase the competencies of parents, caregivers and trainings Developed strategies for dissemination Identified potential funding strategies
July 22, 2009	Need funding for: <ul style="list-style-type: none">• Development• Distribution Evaluation

Date	Activity
	Potential funders identified: <ul style="list-style-type: none"> • Doral • ADA • BCBS • MCOs

Quarterly Advisory Summits

CSHCN Workgroup submitted their workgroup reports to the South Carolina Oral Health Advisory Council and Coalition at the following Quarterly Advisory Summits: December 12, 2008, March 6, 2009, June 5, 2009, September 11, 2009, December 4, 2009. This allowed the workgroup to further engage the SCOHACC at large in a dialogue around CSHCN

c. Immediate outcomes:

OUTCOME 1: DISTRIBUTION OF CSHCN ORAL HEALTH BOOKLET

Organization/Agency	Year(s)	Audience	Number of Booklets
Duke University – Pediatrics	2007	Health Professionals	1
USC School of Medicine	2008	Parents/Caregivers	Online version of booklet
MUSC CDM (Dr. Salinas)	2008	Dental Professionals	50
Regional Family Connection Coordinators	2008	Parent Coordinators	7
Camp Burnt Gin	2008	Parents of CSHCN	450
DOH Child Care Trainings	2006-2008	Child Care Staff/ Head Start/First Steps	150
CATCH Conference	2008	Pediatricians	125
CRS	2008	Regional CRS Coordinators	15
Early Childhood Integrated Systems (HRSA) Grant – ECCS Grant Mtg.	June 8, 2009	Early Childhood Stakeholders	5
Pediatric Advisory Committee (DHEC)	June 18, 2009	Pediatricians & Family Practitioners	50

d. Need for additional resources to accomplish other follow-up activities

None identified

Activity 2. Data Request for CSHCN Medicaid Utilization Data

.By July 2008: Dr. Martin will have completed the data request applications, reviewed the output, and analyzed the findings.

Reviewers Questions and SC Responses

Question: The reviewers observed that Medicaid utilization data is the predominate data source for information about oral health status and service utilization by CSHCN. It would also be useful to obtain information about CSHCN who use commercial dental insurance or who are uninsured, to provide a more complete view of all CSHCN, not just those who use Medicaid.

Response: We explored the potential for access to the State Dental Insurance Plan data and were denied.

Question: Can CSHCN be clearly identified in Medicaid dental data and if so, is the Medicaid CSHCN definition consistent with the CSHCN definition used in state CSHCN initiatives?

Response: SC Budget and Control Board's Office of Research and Statistics has created an algorithm that measures CSHCN consistent with the Maternal and Child Health Bureau's definition of CSHCN.

Question: Can Medicaid utilization data distinguish "dental homes" from other dental practices where CSHCN obtain only episodic care?

Response: This project has led to more extensive research project by Dr. Martin in regards to the utilization of Medicaid data for determining a dental home. A manuscript is currently being prepared on the topic.

Question: Can Medicaid utilization data distinguish between a reduction in CSHCN extractions due to less disease (a good indicator), vs. a reduction due to reduced access to care or loss of Medicaid benefits (not a good indicator)?

Response: No; this indicator is no longer tracked

Question: Consultant's Medicaid data experience

Response: Amy Brock Martin, DrPH serves as the Deputy Director for the SC Rural Health Research Center, which is administratively located in the Arnold School of Public Health at the University of SC, where her faculty appointment is in the Department of Health Services Policy and Management. Dr. Martin has extensive experience as a public health program evaluator. In addition to her role at DOH, she is an evaluator for a HRSA SPNS (Special Project of National Significance) in which access to dental care for persons living with HIV/AIDS is addressed. She is actively involved in oral health research including a national oral health chartbook profiling rural children, assessing the states' dental practice acts, and examining sealant utilization differences among rural and urban children. Notable collaborators with Dr. Martin on these efforts are Drs. Burt Edelstein and Jim Crall, as well as leadership from the American Dental Hygiene Association. She has published findings from her oral health studies in *Pediatrics* and the *Journal of Public Health Practice and Management*. Dr. Martin is also a contributing author to a National Center for Health Statistics textbook, Health Statistics: Shaping Policy and Practice to Improve the Population's Health. Dr. Martin is a recipient of the National Institutes

of Health Loan Repayment Program due to her work in health disparities and President-elect for the SC Rural Health Association.

a. Activities accomplished:

In June 2008, Dr. Martin completed and submitted a data request to the South Carolina Budget and Control Boards Office of Research and Statistics, the state's data warehouse. Table 2 represents the data report that identifies CSHCN with preventive visits. ORS utilizes an algorithm of ICD-9 codes that are consistent with the Maternal and Child Health Bureau definition of children with special health care needs. In addition the CSHCN data has been used to populate the objectives prioritized in January 2009 for the CSHCN Chapter of the State Oral Health Plan and is used for program planning within the Division of Oral Health. See Outcomes 2 and 3.

b. Immediate outcomes (attach any reports or other documents/materials):

See Outcome 2.

OUTCOME 2: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) CHAPTER

Background – The following plan for action was initiated at the Sixth Annual South Carolina Oral Health Forum in Columbia on June 1, 2006. An ad hoc workgroup of the South Carolina Oral Health Coalition was convened in Forum breakout sessions to begin the action planning process with support from The Association of State and Territorial Dental Directors (ASTDD), Division of Oral Health of the South Carolina Department of Health and Environmental Control (DOH/SCDHEC), and the South Carolina Dental Association (SCDA). This workgroup included individuals with diverse experiences and perspectives who are considered major stakeholders in promoting oral health for children and adolescents with special health care needs in South Carolina. Over a period of many months of planning meetings, the workgroup completed the plan that was approved by the membership of the Coalition on December 8, 2006. This document now becomes an official work plan of the Coalition and its contents will be integrated into the State Oral Health Plan to ensure implementation and evaluation during the time period of January 1, 2007 – January 2011.

Oral Health Status of CSHCN

7(I).1.1 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who have untreated caries.

Progress: Plans are in place for the data from the OHNA 2007-2008 and the School Based Dental Programs to be linked to Medicaid data to populate this objective.

7(I).1.2. By June 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who have preventable teeth extractions.

South Carolina Baseline:

Permanent: 1.30%;	Primary: 6.02%	2006
Permanent: 1.05%;	Primary: 6.14%	2007

Progress: We now have baseline data. We are in the process of analyzing the data.

Oral Health Services of CSHCN

7(I).2.1 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 30% the number of CSHCN who received any preventive dental services.

<u>South Carolina Baseline:</u>	2006	46.86%
	2007	48.01%

Progress: We now have baseline data. We are in the process of analyzing the data.

7(I).2.2 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who visit the emergency room for reasons related to oral health disease.

<u>South Carolina Baseline:</u>	2006	0.58%
	2007	0.53%

Progress: We now have baseline data.

7(I).2.3 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN who visit their primary care provider for reasons related to oral health disease.

<u>South Carolina Baseline:</u>	2006	1.98%
	2007	1.88%

Progress: We now have baseline data.

7(I).2.4 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN on Medicaid who have a “dental home.”

Progress: Definition being developed.

7(I).2.5 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN on Medicaid who are compliant with ADA recommended preventive visits.

South Carolina Baseline:

Year	1 visit	2 visit	3 visit
2006	26.44%	17.40%	3.01%
2007	26.41%	18.30%	3.31%

Progress: Baseline data was established for the first time in 2008. A decision was made to define CSHCN as established on ICD-9 codes. In compliance with ADA recommended preventive visits was recorded as one visit of any type to either a dentist or dental hygienist.

Oral Health Education of Families of CSHCN

7(I).3.2 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase the skills of 3000 parents and families on assisting their CSHCN on daily oral hygiene.

Progress: Plans for the grant proposal submission have been postponed.

7(I).3.3 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an educational curriculum for parents and families that will improve their knowledge and skills with regards to managing their CSHCN oral health needs.

Progress: Plans for the grant proposal submission have been postponed.

c. Need for additional resources to accomplish other follow-up activities

See Activity 3.

Activity 3. Child with Special Health Care Needs Training for Parents and Caregivers

By September 2008: Develop strategies to utilize the training resource materials in educational training programs provided by public and private organizations and by medical and dental homes. Documentation: Meeting Minutes from CSHCN Workgroup meetings

By October 2008: Present the strategies to public and private organizations and to medical and dental homes. Documentation: See Outcome

a. Activities accomplished: include process used, participants, partners, and significant dates/timelines

For the workgroup activities see Activity 1.

b. Immediate outcomes (attach any reports or other documents/materials):

Mary Kenyon Jones has developed the Oral Health for the Child with Special Health Care Needs training presentation with the assistance of members from the CSHCN Workgroup. Dr. Mary Tepper, DMD and a dentist that provides care to persons with special needs in an institutional setting was one of the reviewers. This presentation was delivered on March 17, 2010 at the Family Connections Conference, which targets families with persons with special needs. The co-presenter was the Deputy Commissioner of the Department of Special Needs whose daughter has special needs and husband is a dentist. The presentation was delivered on April 30, 2010 at EdVenture's *EdCeptional Kids Conference*. The keynote address delivered by Dr. O. Marion Burton, the American Academy of Pediatric's (AAP) President Elect. Dr. Burton discussed the AAP's child health priorities, which included 'Oral Health.'

See Outcome 4.

c. Additional follow-up activities planned:

Plans are in place to develop a complete curriculum for the CSHCN training for early childhood centers and submit to the Department of Social Services as an approved training for center staff.

d. Need for additional resources to accomplish other follow-up activities:

Activity 4. Final Report Presented to the SC Oral Health Advisory Council

By October 2008: Dr. Martin will produce a final report that will also serve as the foundation for a grant proposal. Documentation: Final Report

The full report will be presented to at the SCOHACC at the June 2010 Quarterly Advisory Summit. Quarterly reports have been made to the SCOHACC since the inception of this grant.

Dr. Martin completed a proposal to NIH for a CSHCN Oral Health Parent Education application that was approved but not funded. The proposal included the SC Family Connections organization as the vehicle for parent-to-parent educational intervention. Unfortunately, with budget issues and major administration changes within Family Connections, the grant has not been able to revised and submitted to NIH.

d. Need for additional resources to accomplish other follow-up activities;

- Funding through the Maternal and Child Health Block Grant that is prioritized for oral health related CSHCN activities.
- Funding opportunities to support the development of evidence-based interventions for CSHCN.